

OFFICE OF THE GOVERNOR  
STATE OF MONTANA

GREG GIANFORTE  
GOVERNOR



KRISTEN JURAS  
LT. GOVERNOR

**RECOMMENDATION FOR GUBERNATORIAL APPOINTMENT**

*Please be sure to provide their contact information so we may contact them if necessary, and fill out both sides of this form.*

**Describe your recommendation:**

- I am making a personal recommendation
- I am submitting this recommendation on behalf of an organization or group

**YOU:**

Title Preference: Dr. / Mr. / Mrs. / Ms. Name: \_\_\_\_\_

Organization/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_ Type: Cell / Home / Business / Other

Other Contact Number: \_\_\_\_\_ Type: Cell / Home / Business / Other

Email Address: \_\_\_\_\_

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**NOMINEE:**

Title Preference: Dr. / Mr. / Mrs. / Ms. Name: \_\_\_\_\_

Organization/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Contact Number: \_\_\_\_\_ Type: Cell / Home / Business / Other

Other Contact Number: \_\_\_\_\_ Type: Cell / Home / Business / Other

Email Address: \_\_\_\_\_

Board(s), Council(s) and Commission(s) I am recommending this person for:

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Is this recommendation for their reappointment? Yes / No  
*Are they currently serving on this board?*

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**REASONS FOR RECOMMENDATION:**

*A letter or email may be submitted with this form, but is not required.*

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**WAIVERS (REQUIRED):**

- I understand that my recommendation and all affiliated documents will become public records, available to the public, and media, including that I am making this recommendation, for whom, and for which boards.
- I verify that all information in this recommendation is accurate to the best of my knowledge.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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